

10708851

PTO/SB/06 (08-03)

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Substitute for Form PTO-875

Application or Docket Number

10708851

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	9 minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT. (37 CFR 1.16(d))		

SMALL ENTITY

OR

RATE	FEES
X \$ _____	\$ _____
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL	

OTHER THAN
SMALL ENTITY

RATE	FEES
X \$ _____	\$ 1770
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL	770

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)		
						Minus	...	=
	Total (37 CFR 1.16(c))	9	Minus	20	-			
	Independent (37 CFR 1.16(b))	1	Minus	3	-			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

SMALL ENTITY

OR

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADD'L FEE	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADD'L FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)		
						Minus	...	=
	Total (37 CFR 1.16(c))		Minus	20	-			
	Independent (37 CFR 1.16(b))		Minus	3	-			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADD'L FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)		
						Minus	...	=
	Total (37 CFR 1.16(c))		Minus	20	-			
	Independent (37 CFR 1.16(b))		Minus	3	-			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file and/or be processed an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary, depending upon the individual case. An average amount of time is 11 minutes. Department of Commerce, P.O. Box 1450, Alexandria, VA 22312-1450. Federal Citizen's Identification Number (FCIN) is 00000000000000000000000000000000. This collection is approved by OMB under control number 0651-0032.